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EXPRESS SCRIPTS

Drug Digest

Treatment Options

Community Acquired Pneumonia

How is it treated?

Treatment for CAP varies according to the organism responsible for the infection. If the cause is bacterial, then the goal of treatment is to **cure** the infection with antibiotics, which can typically be taken orally at home if the infection is not severe. If the infection is severe, if the person is having difficulty breathing, or has other chronic medical conditions, then intravenous (IV—injected into a vein) antibiotics may be needed and are usually administered in a hospital. If the infection is viral, the goal is to alleviate any signs and symptoms of the infection through supportive care (such as fever reduction with acetaminophen) since there is **no cure** for a virus.

Because several treatment guidelines are available, the specific drug(s) that your doctor may use to treat your CAP may vary. Clinical expertise/preference and antibiotic drug resistance in a particular area are two factors that may affect a doctor's drug of choice for treating CAP.

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Introduction

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At the initial visit to the doctor, he or she will question you about your past medical history and perform a physical examination. It may be necessary to perform a chest X-ray. Next, your doctor will determine how much your infection places your life at risk. Your doctor may need to send samples of your sputum, blood or urine to the laboratory to confirm your CAP diagnosis. Doctors will usually prescribe "empiric therapy"—prescribing therapy based on the suspected cause (bacteria, virus, or fungi) using clinical or practical expertise—because the specific organism responsible for the infection is usually not yet identified before treatment is started. After the organism is identified, therapy can be tailored to treat that specific organism. The following chart describes the

guidelines from the Infectious Diseases Society of America for patients that don't need to be hospitalized.

Patient Variables	Treatment Options
Healthy Patients <ul style="list-style-type: none"> • No recent antibiotic therapy taken • Antibiotic therapy taken within the last 3 months 	<p>A macrolide, such as azithromycin (Zithromax), clarithromycin (Biaxin) or erythromycin, or doxycycline.</p> <p>Fluoroquinolone, such as levofloxacin (Levaquin), gatifloxacin (Tequin), gemifloxacin (Factive) or moxifloxacin (Avelox)</p> <p>A macrolide, such as azithromycin (Zithromax) or clarithromycin (Biaxin) plus high-dose amoxicillin (1 gram orally three times daily)</p> <p>A macrolide, such as azithromycin (Zithromax) or clarithromycin (Biaxin) plus high-dose amoxicillin-clavulanate (Augmentin)</p>
Patients with other health problems (eg. COPD, diabetes, heart failure, or cancer) <ul style="list-style-type: none"> • No recent antibiotic therapy taken • Antibiotic therapy taken within the last three months 	<p>A macrolide, such as azithromycin (Zithromax) or clarithromycin (Biaxin)</p> <p>Fluoroquinolone, such as levofloxacin (Levaquin), gatifloxacin (Tequin), gemifloxacin (Factive) or moxifloxacin (Avelox)</p> <p>Fluoroquinolone, such as levofloxacin (Levaquin), gatifloxacin (Tequin), gemifloxacin (Factive) or moxifloxacin (Avelox)</p> <p>A macrolide plus high-dose amoxicillin, high-dose amoxicillin-clavulanate (Augmentin), cefpodoxime</p>

(Vantin), cefprozil (Cefzil) or cefuroxime (Ceftin)
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When CAP patients require hospitalization, IV antibiotics will generally be initiated along with oxygen therapy to help breathing. Studies have shown that bacterial CAP can effectively be treated with 5 to 14 days of antibiotics. However, this duration of therapy may be longer if the cause of the infection is found to be from specific bacterial organisms such as *Legionella* or *Pseudomonas*, fungal organisms, or if you have other medical conditions that may compromise your recovery. Regardless of the drug chosen, it is important to remember to take the entire antibiotic prescribed by your physician. Many people take their medication only until they feel better. This can contribute to antibiotic resistance and allow an infection to recur with even greater severity in the near future. Development of resistance can also have the potential to prevent a given antibiotic from working well to treat other patients with the same infection in your family or community.

Drug classes used to treat Community Acquired Pneumonia

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Note: The above information is intended to supplement, not substitute for, the expertise and judgment of your physician, pharmacist, or other healthcare professional. It is not intended to diagnose a health condition, but it can be used as a guide to help you decide if you should seek professional treatment or to help you learn more about your condition once it has been diagnosed.

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CDC en Español

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Influenza (Flu)

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FACT SHEET

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What is Influenza (Also Called Flu)?

The flu is a contagious respiratory illness caused by **influenza** viruses. It can cause mild to severe illness, and at times can lead to death. The best way to prevent the flu is by getting a flu **vaccination** each year.

Every year in the United States, on average:

- 5% to 20% of the population gets the flu;
- more than 200,000 people are hospitalized from flu complications, and;
- about 36,000 people die from flu.

Some people, such as older people, young children, and people with certain health conditions, are at high risk for serious flu complications.

Symptoms of Flu

Symptoms of flu include:

- fever (usually high)
- headache
- extreme tiredness
- dry cough
- sore throat
- runny or stuffy nose
- muscle aches
- Stomach symptoms, such as nausea, vomiting, and diarrhea, also can occur but are more common in children than adults

Complications of Flu

Complications of flu can include bacterial pneumonia, ear infections, sinus infections, dehydration, and worsening of chronic medical conditions, such as **congestive heart failure**, asthma, or diabetes.

How Flu Spreads

Flu viruses spread mainly from person to person through coughing or sneezing of people with **influenza**. Sometimes people may become infected by touching something with flu viruses on it and then touching their mouth or nose. Most healthy adults may be able to infect others beginning 1 day **before** symptoms develop and up to 5 days **after** becoming sick. **That means that you may be able to pass on the flu to someone else before you know you are sick, as well as while you are sick.**

Preventing the Flu: Get Vaccinated

The single best way to prevent the flu is to get a flu vaccination each year. There are two types of vaccines:

- The "flu shot" – an inactivated vaccine (containing killed virus) that is given with a needle. **The flu shot** is approved for use in people 6 months of age and older, including healthy people and people with chronic medical conditions.
- The nasal-spray flu vaccine – a vaccine made with live, weakened flu viruses that do not cause the flu (sometimes called LAIV for "Live Attenuated **Influenza** Vaccine"). LAIV is approved for use in healthy people 5 years to 49 years of age who are not pregnant.

About two weeks after vaccination, antibodies develop that protect against **influenza** virus infection. Flu vaccines will not protect against flu-like illnesses caused by **non-influenza** viruses.

When to Get Vaccinated

October or November is the best time to get vaccinated, but getting vaccinated in December or even later can still be beneficial since most **influenza** activity occurs in January or later in most years. Though it varies, flu season can last as late as May.

Who Should Get Vaccinated?

In general, anyone who wants to reduce their chances of getting the flu can get vaccinated. However, certain people should get vaccinated each year either because they are at high risk of having serious flu-related complications or because they live with or care for high risk persons. During flu seasons when vaccine supplies are limited or delayed, the Advisory Committee on Immunization Practices (ACIP) makes recommendations regarding priority groups for vaccination.

People who should get vaccinated each year are:

1. People at high risk for complications from the flu, including:

- Children aged 6 months until their 5th birthday,
- Pregnant women,
- People 50 years of age and older,
- People of any age with certain chronic medical conditions, and
- People who live in nursing homes and other long term care facilities.

2. People who live with or care for those at high risk for complications from flu, including:

- Household contacts of persons at high risk for complications from the flu (see above)
- Household contacts and out of home caregivers of children less than 6 months of age (these children are too young to be vaccinated)
- Health care workers.

3. Anyone who wants to decrease their risk of influenza.

Use of the Nasal Spray Flu Vaccine

Vaccination with the nasal-spray flu vaccine is an option for healthy persons aged 5–49 years who are not pregnant, even healthy persons who live with or care for those in a high risk group. The one exception is healthy persons who care for persons with severely weakened immune systems who require a protected environment; these healthy persons should get the inactivated vaccine.

Who Should Not Be Vaccinated

Some people should not be vaccinated without first consulting a physician. They include:

- People who have a severe allergy to chicken eggs.
- People who have had a severe reaction to an **influenza** vaccination in the past.
- People who developed Guillain-Barré syndrome (GBS) within 6 weeks of getting an **influenza** vaccine previously.
- Children less than 6 months of age (**influenza** vaccine is not approved for use in this age group).
- People who have a moderate or severe illness with a fever should wait to get vaccinated until their symptoms lessen.

If you have questions about whether you should get a flu vaccine, consult your health-care provider.

See Also...

- [Preventing the Flu](#)
- [Flu Q & A](#)

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Centers for Disease Control and Prevention, 1600 Clifton Rd, Atlanta, GA 30333, USA
Tel: 404-639-3311 • CDC Contact Center: 800-CDC-INFO • 888-232-6348 (TTY)

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